

# REDINGTON AMBASSADOR, N RED BEACH, FL

## Coronavirus/COVID-19 Screening Form

Please remember to use appropriate social distancing on our property to protect our guests and employees.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a:  Visitor  Vendor  Other (Specify) \_\_\_\_\_

**What is Coronavirus (also known as COVID-19)?**

*Coronaviruses* are a large family of common viruses. A new (novel) coronavirus emerged in late 2019 from China and has spread internationally since. Reported illnesses have ranged from very mild to severe, including death. We are doing our part by following strict public health and CDC guidelines.

**Screening for COVID-19**

We are screening for symptoms of COVID-19 to help us protect guests and staff.

Please answer the questions below:

1. **Have you** tested positive for COVID-19?  Yes  No
2. **Has anyone you've come in contact with** tested positive for COVID-19?  Yes  No
3. **Is anyone you've come in contact with** waiting to receive COVID-19 test results or being monitored by their doctor or Department of Health?  Yes  No

<p>4. Have you traveled outside the United States or to the following states in the last 14 days?</p> <p><input type="checkbox"/> Yes, I have gone on a cruise or traveled to the following country or region:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cruise</li> <li><input type="checkbox"/> Travel outside US</li> <li><input type="checkbox"/> Travel inside US to New York, New Jersey, Connecticut, California, Oregon, Washington or Louisiana</li> </ul> <p><input type="checkbox"/> No, I have not traveled outside of the US or to any of the above states in the past 14 days.</p>	<p>5. Have you had any of the following symptoms in the last 14 days?</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Cough</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Sore Throat</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><input type="checkbox"/> I do not have any of the above symptoms.</p>	<p>6. Have you been in contact with anyone who has had the following symptoms in the past 14 days?</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Cough</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Sore Throat</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><input type="checkbox"/> No one I have come in contact with had any of the above symptoms.</p>
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